

DAIL-ALC-4 Statement of Danger

Edition 2/09

Assisted Living Community: _____

Date of Review: _____ Reviewer: _____

During an on-site review by the Department for Aging and Independent Living it was determined that the above assisted-living community has clients residing in the assisted-living community that pose a danger as defined in KRS 194A.700 (5).

Client Name	Apartment Number
Comments	

This is official written notification that you have forty-eight (48) hours (If on a Friday then by 4:30pm E.S.T. the next business day, of receiving the DAIL-ALC-4) to submit a written response via email, fax, hand delivery or overnight postal service to the department that confirms how the danger has been eliminated or why the danger is unverified; or initiate a move-out notice and begin the process of assisting the client to find appropriate living arrangements and submit a written response via email, fax, hand delivery or overnight postal service to the department that confirms the assisted-living community took the required action.

Your signature below signifies that you have received a copy of this notice; it does not in any way suggest that you agree with the findings above.

_____ ALC Manager/Owner	_____ Date	_____ Time
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_____ DAIL Reviewer	_____ Date	_____ Time
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Danger was resolved satisfactorily prior to DAIL departure.

_____ DAIL Reviewer	_____ Date	_____ Time
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Attach continuation page if needed

FAX Number: 502-564-4595

Email to _____

Mailing Address: 275 East Main Street 3W-F, Frankfort, KY 40621

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Continuation Page

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